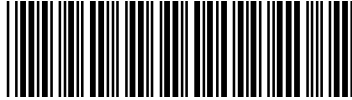


| | | |
|--|--|---|
| <i>Index of Claims</i>  | Application/Control No. 10774913 | Applicant(s)/Patent Under Reexamination WINGER, LOWELL L. |
| | Examiner Mohr, Eric J | Art Unit 2624 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | <input type="checkbox"/> CPA | | | | | <input type="checkbox"/> T.D. | | | | | <input type="checkbox"/> R.1.47 | | | | |
|---|----------|------------|------------|------------|-------------------------------------|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|
| CLAIM | | DATE | | | | | | | | | | | | | | | | | |
| Final | Original | 10/12/2007 | 02/25/2008 | 05/28/2008 | | | | | | | | | | | | | | | |
| 1 | 1 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 2 | 2 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| | 3 | ✓ | - | - | | | | | | | | | | | | | | | |
| 3 | 4 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 4 | 5 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 5 | 6 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 6 | 7 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 7 | 8 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 8 | 9 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 9 | 10 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| | 11 | ✓ | - | - | | | | | | | | | | | | | | | |
| 10 | 12 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 11 | 13 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| | 14 | ✓ | - | - | | | | | | | | | | | | | | | |
| 12 | 15 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 13 | 16 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 14 | 17 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 15 | 18 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 16 | 19 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 17 | 20 | ✓ | ✓ | = | | | | | | | | | | | | | | | |
| 18 | 21 | | ✓ | = | | | | | | | | | | | | | | | |
| 19 | 22 | | ✓ | = | | | | | | | | | | | | | | | |
| 20 | 23 | | ✓ | = | | | | | | | | | | | | | | | |